POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_Dr_		11-22-99
O.I.P.E. CLASSIFIER		10	11-26-99
FORMALITY REVIEW	M.M.	71628	12-8-99

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
− (Through numeral) Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date
1	✔	
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3	✔	
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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